



ATR-I
SUBSTANCE ABUSE
TREATMENT AVAILABLE
*"There is MORE opportunity, MORE choice
and MORE access to get help for substance abusers
*Opportunity- More providers and more services
*Choice- Clients choose their Treatment provider for
increased success
Access- More people served in more communities"

Welcome again to the latest edition of Frequently Asked ATR Questions

In keeping with BPA's commitment to keeping the provider community informed about recently occurring and recurring concerns, we have developed this forum to address these issues. This issue is dedicated to understand emerging budgets and regional planning. Frequently Asked Questions (FAQ's) are arranged below in topical areas.

Q: Where do the budget targets come from?

A: The four ATR-I priority group targets: Hispanic, Native American, Adolescents, and Court Supervised, had their targets assigned by the ATR-I Alliance. The Substance Abuse Block Grant groups: Pregnant Women/Women With Children (PW/WC) and IV Drug Users, are from the federal government.

Q: Is it possible that despite the six priority groups that there are people needing service that may not fall under one of the priority groups and therefore not receive services?

A: Yes. We are required to serve the priority populations first with the funds that we have. Our funds may have nearly doubled but we still have constraints to the number served.

Q: Are services for Drug Court participants paid out of the Court Supervised targeted funds?

A: Yes.

Q: If the system provides service to a consumer who is pregnant, an IV user, and on probation, what category would they fall under?

A: The services would be reported in all three categories; as such the total services reported will exceed the actual services provided due to the overlap of the priority populations. BPA will also be reporting unduplicated service numbers.

Q: Are the priority populations weighted equally?

A: Yes, but PW/WC and IV Drug Users are federal mandates and will be offered services before members of other priority groups.

Q: Is there any money for prevention activities?

A: Yes, there are services funded under the Prevention Block Grant.

Q: How do we protect the frontier communities from over utilization by the larger/urban counties?

A: BPA has some suggestions. As a point a reference please remember that Ada County is the only county not considered rural or frontier, all of the other counties (43) are either rural or frontier.

- **Make use of transportation vouchers to get consumers in isolated areas into more populated areas where we have treatment providers.**
- **Use a point system to assist consumers from frontier counties and rural counties to “move up” on the waiting list.**
- **Set “utilization caps” for the following areas: Ada County, Canyon County, Twin Falls, Pocatello, Idaho Falls, Lewiston, and Coeur d’Alene.**
- **Cluster or group counties for more money and capacity.**

Q: When will transportation be ready?


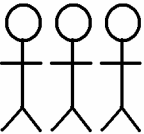
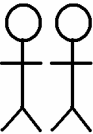
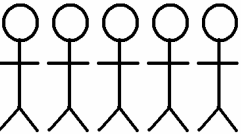
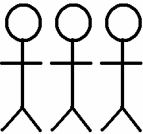
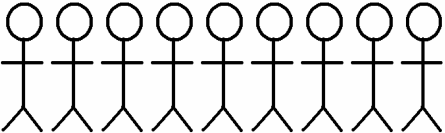
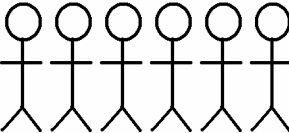
A: Existing providers are being sent an addendum to their existing contract. As soon as these are returned and processed, BPA will begin to issue transportation vouchers. The following items need to be considered:

- **Reimbursement will be at 40¢ per mile.**
- **400 miles maximum for reimbursement every three months.**
- **Transportation must be indicated on the clients’ treatment plan.**
- **BPA will be issuing the vouchers directly to the treatment or case management provider, the provider will be responsible for any other payment arrangements to third parties.**
- **Additional policies will be developed and implemented as needed.**

Q: Why is there a decrease in the money available to Detox?

A: We are designing the state’s system around the federal guidelines for a comprehensive system of care. These guidelines speak to proportion of funds that should be budgeted to each level of care as you progress down the system from Detox to Aftercare. As consumers enter the system at different levels of care, we must account for the anticipated expenses that follow the consumer as they step down to lower levels of care. The diagram below helps illustrate this point:

The number of clients in column A is the total of clients in both columns A and B.

A				B
Clients transitioning to lower levels of care		Level of Care		Clients entering only at specific levels of care.
	⇒	Detox		
	⇒	Residential	⇐	
	⇒	IOP	⇐	
	⇒	OP	⇐	

ATR so far...

Through the end of August 7, 2005, BPA has issued the following vouchers:

Number of Vouchers issued by Level of Care

Screening	2841
Assessment	2041
Treatment	3507
Unduplicated Clients	3144